ARMOR CORRECTIONAL HEALTH SERVICES, INC.

Health Services
Policy & Procedures

Date: 7/1/05
Revision: 8/2/07;12/12/07
Revision: 2/11/09
Revision: 6/12/09

FACILITY NAME:

TITLE: PREGNANCY MANAGEMENT*	**NUMBER: J-G-07** **Page 1 of 3**

Reference: **NCCHC:** J-G-07* (*Essential)
ACA: 4-ALDF-4C-13* (*Mandatory)
FCAC: 19.18
FMJ: 7.25

Policy:

- Pregnant inmates receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care.

- Pregnancy management includes the following:

  - Pregnancy confirmation
  - Routine and high risk prenatal care
  - Management of chemically addicted pregnant patients
  - Comprehensive counseling and assistance
  - Appropriate nutrition
  - Post-partum follow-up

- Prenatal care includes:

  a. Medical examinations,
  b. Laboratory and diagnostic tests (including offering HIV testing and prophylaxis when indicated), and
  c. Advice on appropriate levels of activity, safety precautions, and nutritional guidance and counseling.

- A list of specialized obstetrical services in maintained.
- There is a written agreement with a community facility for delivery.
- There is document of appropriate postpartum care.
- A list is kept of all pregnancies and their outcomes.
- The pregnant patient may receive care from a practitioner of her choice if the practitioner agrees and the patient assumes financial responsibility.

Medical Director:	**Date:**
H.S.A:	**Date:**

EXHIBIT 55

Procedure:

1. All female patients medically screened at intake shall have a urine pregnancy test performed. The results of this testing shall be available prior to administration of medications or radiographic procedures. Patients may also have urine pregnancy testing upon request, or upon order of the clinician.

2. Patients less than 32 weeks gestation with a documented positive urine pregnancy test and no significant complaints (such as significant bleeding and/or cramping), shall be housed in general population). Patients over 32 weeks gestation shall be admitted to the infirmary on observation status until evaluated by the Health Care Provider (HCP) – usually within 24-48 hours. The HCP will then provide further direction/orders re management and housing of the patient.

3.. Pregnancy will be documented on the "Problem List" (#PT-003) and on the Pregnancy Log (MG-026).

4. Those patients with a positive pregnancy test and significant complaints as noted above should be discussed with and/or evaluated by the HCP on site or on call

5. All pregnant patients shall be offered HIV counseling and testing. HIV positive pregnant patients shall receive treatment and medications in order to prevent mother-to-child transmission of HIV.

6. All care of pregnant patients shall be managed by obstetricians or qualified providers. Recommended medications, treatments and follow-up will be provided as directed by the practitioner.

7. If the patient is sent to private practitioner for perinatal care, recommendations for care and return visit will be reviewed by the clinician and implemented as appropriate.

8. Pregnant females are exempt from inappropriate work details as determined by health care personnel.

9. Pregnant females who are dependent on methadone are to be protected from experiencing opiate withdrawal. Each should be admitted to the infirmary and managed by the clinician. If the patient enters the facility on methadone maintenance, the methadone will be continued for the duration of the pregnancy unless contraindicated as determined by the treating obstetrician. Verification of the methadone dosage must be obtained in writing from the provider of the methadone. If required, methadone may be ordered directly from the pharmacy provider using protocol for narcotics ordering and administration.

10. Pregnant patients who are on opiates other than methadone and at risk for withdrawal will be protected from experiencing withdrawal through aggressive medical management including specialty consultation.

12. Delivery will be at the hospital designated by the provider of prenatal services to the extent possible in accordance with facility operating procedures.

13. Post-partum follow-up will be provided upon the patient's return to the facility.

14. Pregnancy care will be tracked using the Pregnancy Log form (#MG-026).

Pregnancy Observation

1. Admission to pregnancy observation status shall be documented on the "OB Housing/Infirmary Nursing Flow Sheet" (#IN-008) and include the following:

   a. A full set of vital signs to include initial weight and oxygen saturation level;
   b. Temperature, blood pressure, pulse and respiration
   c. Fetal heart tones for those patients who are noted to be 6 months (or 24 weeks) pregnant by history or exam.

2. If fetal heart tones are not elicited in those patients who are 6 months (or 24 weeks) Pregnant, the on-call HCP shall be contacted for further orders and/or evaluation. Fetal Heart Tones should be elicited by Doppler and should range between 120 and 160 beats per minute.

3. Once evaluated after their initial observation status, the patient's care will be managed per routine clinical guidelines for obstetrical patients (Manual of Obstetrics, Seventh Edition, Lippincott, Williams, and Wilkins), and/or referred to contracted obstetrician.

4. The HCP will determine infirmary status for pregnancy patients (i.e. observation, Level One, Level Two, or OB (Obstetrics) Housing Status).

Forms Referenced in Policy

Problem List (#PT-003)
Internal Clinic Referral Form (#PT-019)
Pregnancy Log (#MG-026)
OB Housing/Infirmary Nursing Flow Sheet (#IN-008)